

Announced Care Inspection Report 21 April 2016



Embrace Orthodontics

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Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Embrace Orthodontics took place on 21 April 2016 from 09:50 to 13:10.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with staff demonstrated that in the main systems and processes were in place to ensure that the care provided in the establishment was safe. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Recommendations have been made in regards to the decontamination of dental handpieces and the recording of periodic tests for decontamination equipment.

Is care effective?

Observations made, review of documentation and discussion with staff demonstrated that systems and processes were in place to ensure that the care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with staff demonstrated that systems and processes were in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the QIP within this report were discussed with Ms Sinead McAvinchey, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Miss Grainne McAvinchey Ms Sinead McAvinchey	Registered manager: Miss Grainne McAvinchey
Person in charge of the service at the time of inspection: Miss Grainne McAvinchey Ms Sinead McAvinchey	Date manager registered: 21 July 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed staff and patient questionnaires.

During the inspection the inspector met with Ms Sinead McAvinchey and Miss Grainne McAvinchey, registered persons, and two dental nurses. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- health promotion
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 May 2015

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 13 May 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15 (2) (a) Stated: First time	<p>The registered persons should forward a copy of the radiation protection advisor (RPA) report and confirm that any recommendations made in the report have been addressed.</p> <p>Action taken as confirmed during the inspection: A copy of the RPA report and confirmation that recommendations made within the report had been addressed was forwarded to RQIA on 17 July 2015.</p>	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 14.4 Stated: First time	<p>It is recommended that a copy of the written scheme of examination for pressure vessels should be provided to RQIA.</p> <p>Action taken as confirmed during the inspection: A copy of the written scheme of examination for the pressure vessels was forwarded to RQIA on the 17 July 2015. Ms McAvinchey confirmed that all pressure vessels will be examined in keeping with the written scheme.</p>	Met

4.3 Is care safe?

Staffing

Two dental surgeries are in operation in this practice. Discussion with staff and review of completed staff and patient questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of two evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Ms McAvinchey confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.

Safeguarding

Staff were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults during their induction. Ms McAvinchey confirmed that the practice opened during May 2015 and that refresher training in safeguarding children and vulnerable adults would be provided as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was observed that the format of buccal Midazolam available was not in keeping with the Health and Social Care Board (HSCB) guidance. Ms McAvinchey was advised that when the buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes in keeping with the HSCB guidance. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme. As the practice has been in operation for less than a year, refresher training is not due. However, it was confirmed that training will be updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including a washer disinfectant and a steam steriliser, have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated on installation. It was confirmed that arrangements are in place to ensure that the equipment will be validated annually in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

Discussion with a dental nurse evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05, with the exception of dental handpieces which are manually cleaned prior to sterilisation. Two handpieces examined had the washer disinfectant compatible symbol. A recommendation has been made to review the procedure for the decontamination of dental handpieces.

Review of documentation demonstrated that the practice has developed templates to record periodic test results for the washer disinfectant and the steam steriliser. However, it was observed that the templates do not specify what the daily tests for each machine are and they do not include the details of the tests. A recommendation has been made to review and further develop the templates used to record results of periodic tests to ensure they include all information as outlined in HTM 01-05.

The Infection Prevention Society (IPS) audit was completed on the day of inspection. It was confirmed that the IPS audit will be completed every six months in keeping with best practice guidance.

Radiography

There is a separate x ray room, which accommodates an intra-oral x-ray machine and a combined orthopan tomogram machine (OPG) and cephalostat.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information is retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and direct digital x-rays.

A copy of the local rules was on display near the x-ray machines and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that recommendations made have been addressed.

It was confirmed that as the x-ray equipment is less than a year old the servicing of the equipment is not due. However, arrangements are in place to ensure that x-ray equipment is serviced and maintained in keeping with the manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a high standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

A review of documentation and discussion with staff demonstrated that arrangements are in place for maintaining the environment.

Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comment was provided: "All plans thoroughly discussed, environment clean, everyone very very approachable. All wearing PPE".

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this.

Areas for improvement

The procedure for decontaminating dental handpieces should be reviewed.

Results of periodic tests should be recorded in keeping with HTM 01-05.

Number of requirements:	0	Number of recommendations:	2
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4.4 Is care effective?

Clinical records

Staff spoken with confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

It was confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. Staff confirmed that patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Discussion with staff and observations made evidenced that appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. A range of oral health and hygiene information leaflets which are bespoke to the practice have been developed. It was confirmed that patients fitted with a brace are provided with a practical demonstration how to care for their braces and brush their teeth and advice is given in relation to foods and fluids to avoid. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. Ms McAvinchey has also provided oral hygiene information sessions for pre-school children.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. Routine audits undertaken include:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance

It was confirmed that a dental nurse in the practice has recently taken on the role of practice manager. It is envisaged that the practice manager will further develop the audit programme to include:

- clinical waste management
- clinical records
- review of complaints/accidents/incidents, if applicable

Communication

Ms McAvinchey confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained.

Staff confirmed that there are good working relationships and there is an open transparent culture within the practice.

Patient and staff views

All 20 patients who submitted questionnaire responses indicated that they felt that they get the right care, at the right time and with the best outcome from them. The following comment was provided: “Excellent service, feel so comfortable here.”

The four submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome from. Staff spoken with during the inspection concurred with this

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient’s privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

Ms McAvinchey and staff confirmed that treatment options including the risks and benefits were discussed with each patient. This ensures patients understood what treatment is available to them in order that they can make an informed choice. Discussion with staff demonstrated how consent would be obtained.

The practice has developed a patient satisfaction survey and Ms McAvinchey confirmed that arrangements are in place for the survey to be distributed to patients on the first anniversary of the practice opening. Ms McAvinchey also confirmed that the result of the patient satisfaction surveys will be used to generate a report detailing the main findings of the survey and an action plan to address any areas of improvement identified. Patient feedback whether constructive or critical will be used by the practice to improve, as appropriate.

Patient and staff views

All 20 patients who submitted questionnaire responses indicated that they felt that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were provided.

All four staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. There was a nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed and available in the practice. Staff spoken with demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Ms McAvinchey confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan would be developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Ms McAvinchey demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. The Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All 20 patients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comments were provided:

- "Pleasant friendly and motivated staff"
- "Seems very organised, everyone seems to know what they are doing"

All four staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms McAvinchey, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered persons meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered persons may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered persons will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Independent.Healthcare@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 28 May 2016</p>	<p>The registered persons should review the procedure for the decontamination of dental handpieces to ensure that they are being decontaminated in keeping with manufacturer’s instructions and Professional Estates Letter (PEL) 13 (13). Compatible handpieces should be processed in the washer disinfector.</p>
	<p>Response by registered persons detailing the actions taken: please see attached modified protocol. All staff have now been advised of the changes.</p>
<p>Recommendation 2</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 21 May 2016</p>	<p>The registered persons should review and further develop the templates used to record results of periodic tests to ensure they include all information as outlined in HTM 01-05.</p>
	<p>Response by registered persons detailing the actions taken: please see attached protocol and recording sheets. All staff have now been advised of the changes.</p>



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